PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | | | ing Date 29/2003 | To be Mailed |
|--|---|---|---|---|------------------|---|-----------------------|------------------------|----|-----------------------|------------------------|
| APPLICATION AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | | | HER THAN ALL ENTITY |
| | FOR | N | UMBER FI | .ED NUI | NUMBER EXTRA | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) |
| × | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | N/A | | | N/A | 750 |
| | SEARCH FEE (37 CFR 1.16(k), (i), | or (m)) | N/A | | N/A | | N/A | |] | N/A | |
| | EXAMINATION FE (37 CFR 1.16(o), (p), | E or (q)) | N/A | | N/A | 1 | N/A | | 1 | N/A | |
| | FAL CLAIMS CFR 1.16(i)) | | mir | us 20 = * | |] | x \$ = | | OR | x s = | |
| | EPENDENT CLAIM CFR 1.16(h)) | IS | minus 3 = * | | | 1 | x \$ = | | 1 | x \$ = | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | If the specification and drawings exceed sheets of paper, the application size fee is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. S 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | |] | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | |] | TOTAL | 750 |
| APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMAL | L ENTITY | OR | | ER THAN ALL ENTITY |
| AMENDMENT | 12/21/2009 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1.16()) | · 41 | Minus | ~ 49 | = 0 |] | x \$ = | | OR | X \$52= | 0 |
| | Independent (37 CFR 1.16(h)) | • 5 | Minus | 5 | = 0 |] | x \$ = | | OR | X \$220= | 0 |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | |
| Ĺ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 |
| L | | (Column 1) | | (Column 2) | (Column 3) | _ | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1,16()) | | Minus | ** | | 1 | x \$ = | | OR | x s = | |
| | Independent (37 CFR 1.16(h)) | | Minus | *** | : |] | x \$ = | | OR | x s = | |
| Ę. | Application Size Fee (37 CFR 1.16(s)) | | | | | l | | | l | | |
| Αľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Pervolusy Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Proviousy Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Proviousy Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Proviousy Paid For IN THIS SPACE is less than 3, enter "3". | | | | | | | | | | | |

has collection of information is organic by 37 CFR. 1,10. The information is required to obtain or retain a bound by the public which is in to file und by the USFTO to process) an application. Confidentiality is operand by 38 US 6.7. 22 and 37 CFR. 14. If this collection is estimated to the bit 2 minutes to complete excluding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this borton, should be sent to the Child referension Officer. U.S. Plants and Trichardian Cffice. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.